## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT</b>	#
1. Entity Name	

196-99227

METROPOLITAN TRUCKING, INC.



FILED

03 DEC 11 PN 4: 29

SECRETARY OF STATE FLORIDA

#### DO NOT WRITE IN THIS SPACE

		3. Mailing Address 1360 71st Street			ar	NST DO NOT WRITE IN T	N	T 03	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			ur	DO NOT WRITE IN T	HIS SF	PACE	-10-4
City & State City & State  Miami, Florida Miami Beac		City & State Miami Beach, Flor	Florida		4. FEI Number 65-0711739			Applied For Not Applicable	-
Zip <b>33138</b>	Country <b>Miami-Dade</b>	Zip 33141	Country Miami-Dade		<b>5</b> . C	ertificate of Status Desired	\$ F	8.75 Additional ee Required	7
					7. Nan	ne and Address of Current Regist	ered /	Agent	コ
				Name Teresa Cardenas					
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)					
			ļ	1360 71st Street					
			. ! '	<sup>City</sup> Miami E	Beach		FL	Zip Code 33141	7
8. The above	named entity submits this stateme	nt for the purpose of changing its				nt, or both, in the State of Florida.	am far		┥
the obligat	ions of registered agent.		g	omos or regions	arou ugo	int, or both, in the outle of Florida. Fr	A117 1G1	rilliai witi, and accept	
		Tere	sa Card	longe		•			l
SIGNATURE .	Signature, typed or printed name of registered a				ed usbaa vain	alakan)	<del></del>		Ì
	Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  9. Election Campaign Financing \$5.00 May Be								
Make Check	Amended UBR is \$61.25 Payable to Florida Department	it of State				Trust Fund Contribution.	لــا	Added to Fees	1
10.		AND DIRECTORS		·		<u> </u>			1
TITLE	PRESIDENT		TITLE						75
NAME	Teresa Cardenas		NAME	l		90002552	Niik	مبعود	1 2
STREET ADDRESS	1360 71st Street		STREET A	VDDRESS		90002552 12/16/0301044(	ЮŤ	±±159 75	٦
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TITLE	VICE PRESIDENT, SE		TITLE					•	ן עָ
NAME	Magdiel Fernandez	,	NAME						Ìè
STREET ADDRESS	1763 Marseille Dr.		STREET A	ADDRESS .					
CITY-ST-ZIP	MIAMI BEACH, FO	L 33141	CITY-ST-	- ZIP					ı
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12. I hereby co	ertify that the information supplied a	with this filing does not qualify for	the evernt	tion stated to So	otion 11	0.07/3\/i\ Elorida Statutan (further	:	. 46 - 4 46 - 1 - 4	1

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:	Teresa Cardenas		(305) 756-4235
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

# FOR PROFIT CORPORATION Uniform Business Report (UBR) Instructions

## PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.

#### Reminder:

- 1. Information must be typed or printed in ink and legible.
- 2. Signature in Block 12.
- 3. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Florida Department of State.) This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.
- Block 1. Enter the name and document number of the corporation. You cannot change the name on this form. You must file an amendment to change the name.
- Block 2. Enter the principal place of business address in Block 2.
- Block 3. Enter the mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" was previously reported to this office, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. Should you desire a certificate reflecting your entity's status after the filling of this report, check the BOX in Block 5 and include an additional \$8.75 with your filling fee. Only 1 certificate can be issued at the time of the uniform business report filling.
- Block 6. DO NOT MAKE ANY MARKS IN BLOCK 6.
- Block 7. The law requires that each entity have a Registered Agent with a Florida street address. A P.O. Box or mail service is not acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can. Enter the agent's name and address in block 7. There is no additional fee to change the Registered Agent on this form.
- Block 8. A new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the Registered Agent of record is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating on this form.**
- Block 9. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 9 and include an additional \$5.00 with the filling fee.
- Block 10. Enter the current Officers/Directors in Block 10. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.
- Block 11. PLEASE DO NOT MAKE ANY MARKS IN BLOCK 11.
- Block 12. This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10 or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

Mail to:

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500 Other Correspondence Address: Division of Corporations P.O. Box 6327

P.O. Box 6327 Tallahassee, FL 32314 Internet Address: www.sunbiz.org

Courier Address: (overnight delivery) Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Phone: (850) 488-9000 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

#### INFORMATION REGARDING RETURNED CHECK

### Metropolitan Trucking, Inc.

398 NE 79<sup>th</sup> Street Miami, FL 33138 Tel (305) 756-4235 Fax: (305) 759-3364

December 5, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Re-instatement of Metropolitan Trucking, Inc. (Tax ID # 65-0711739)

#### To Whom It May Concern:

By means of this letter we wish to inform you that our company never received the notification for the filing of the Uniform Business Report (UBR). As per our conversation with a member of the Division of Corporations, enclosed please find a check in the total amount of \$158.75.

The enclosed check represents \$150.00 for the re-instatement fee and \$8.75 for the Certificate of Status.

If you have any questions, please do not hesitate to contact our office at your earliest convenience.

Sincerely,

Metropolitan Trucking